

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name _____

Account of Guardian
 Annual Interim Final
(Minor Guardianship of the Estate)

Date of Birth _____

Case No. _____

I DECLARE THAT:

I am the Guardian of the Estate of the above-named minor ward. I declare that this is an accurate account of the administration of the guardianship of the estate for the period from _____ to _____.

Line	Summary Explanation	Total
1.	Beginning Balance. Do not change this amount. <i>(Inventory net value or ending balance from prior account.)</i>	\$
2.	Total of newly discovered assets and income received during this period. (Add) <i>(Attach Schedule A- Assets and Income Received.)</i>	\$
3.	Subtotal	\$
4.	Total disbursements, distributions and losses incurred. (Subtract) <i>(List details in Schedule B – Disbursements, Distributions and Realized Capital Losses.)</i>	\$
5.	Ending Balance (Total Assets on Hand) at end of accounting period. <i>(List details in Schedule C – Assets on Hand.) Beginning Balance for next Account</i>	\$

Status of Surety on Bond

The status of the surety upon the guardian of the estate's bond

has not changed. has changed. Explain: _____

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.



Guardian of the Estate's Signature _____

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____

State Bar No. (if any) _____

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.



Co-Guardian of the Estate's Signature _____

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____

State Bar No. (if any) _____

(If the space given is insufficient for any item, attach additional sheets.)

Schedule A – Assets and Income Received

See attached

Description <i>(Example: Social security, pensions, interest, dividends, rental or other income, realized capital gains from assets sold for more than inventory value or purchase price if acquired after the initial inventory, assets discovered after filing initial inventory.)</i>	Amount
	\$
Enter Total on Page 1 Summary Explanation, Line 2.	\$

Schedule B – Disbursements, Distributions and Realized Capital Losses

See attached

Itemize Disbursements, Distributions and Realized Capital Losses <i>(Example: Costs of care of the minor ward; payments made for the benefit of the minor ward; assets sold for less than inventory value or purchase price if acquired after the initial inventory.)</i>	Amount
	\$
Enter Total on Page 1 Summary Explanation, Line 4.	\$


Schedule C – Assets on Hand (at end of accounting period)

See attached

Cash, Checking Accounts, Savings Accounts, Certificates of Deposit [Include Institution Name(s) and Account Type]	Amount
<i>(List balance at end of accounting period.)</i>	\$
Investments	Amount
<i>(List inventory value, or purchase price if acquired after the initial inventory.)</i>	\$
Real Estate/Property (Including Encumbrances)	Amount
<small>(Description of property including digital property as defined under §711.03(10), Wis. Stats., legal description of real estate, and related encumbrances, liens or other charges against each item.)</small>	
<i>(List inventory value, or purchase price if acquired after the initial inventory.)</i>	\$
Other Assets (Including Burial Trusts)	Amount
<i>(List inventory value, or purchase price if acquired after the initial inventory.)</i>	\$
Enter Grand Total on Page 1 Summary Explanation, Line 5.	\$

For Authorized Persons Only

Display of Assets and Examination of Accounts: I am not the guardian of the estate. I am authorized by the court to examine assets. I have examined all securities, depository accounts, and other investments, and such assets correspond with the account, except as indicated.

 _____
 Authorized Signature (Not guardian of the estate)

Name Printed or Typed

Title

Address

Email Address Telephone Number

Date State Bar No. (if any)